

PRIMARILY VERMONT

A Newsletter Dedicated to Those Who Deliver & Teach Primary Care

PUBLISHED BY THE UNIVERSITY OF VERMONT COLLEGE OF MEDICINE OFFICE OF PRIMARY CARE

FALL 2014

Limiting Benzodiazepine Use: Lifestyle Changes Recommended

BY CHARLES MACLEAN MD AND AMANDA KENNEDY PHARM D, THE VERMONT ACADEMIC DETAILING PROGRAM, UNIVERSITY OF VERMONT

Physicians and other prescribers have extensive training in pharmacotherapy that typically includes pharmacology, indications (and contraindications) for specific medications, and medication safety.

We live and practice in an era where direct-to-consumer advertising and other societal pressures help fuel (arguably unrealistic) expectations that medications are the long-term solution to problems that may be better solved through changes in lifestyle or environment. This can result in patients being on ever-increasing number of medications.

While polypharmacy has been extensively documented and studied, this research has not translated into clear guidance and prescriber education regarding the concept of stopping medications. The Vermont Academic Detailing program recently devoted a topic to the concept of stopping medications that included the underlying rationale, the potential hazards of polypharmacy, and how to identify



good opportunities for tapering or discontinuing medications. The most common medication classes in primary care settings that are continued beyond their indications include proton pump inhibitors, anti-depressants, benzodiazepines (especially in the elderly), and pain medications.

The issue of medication overuse has spilled over into the lay press. A recent article by Paula Span in the *New York Times* (September 9, 2014) reviewed a new study regarding the link between benzodiazepines and long term development of dementia. The new study (Billioti de Gage et al, 2014) was a case-control design that may be subject to various forms of bias, but does add



(continued on page 2)

From the Editor

This issue highlights activities to observe October as Health Care Career Awareness Month, as designated in Vermont statute (Act 128, passed in 2010), provides many interesting news briefs, and also includes the Office of Primary Care and AHEC *Report to the Community* for July 2013-June 2014.

During Health Care Career Awareness month, we introduced our redesigned www.vthealthcareers.org web site; hosted Vergennes seventh graders at the UVM College of Medicine for an annual project to teach second year medical students about adolescence; and presented health career lessons in several Vermont schools. While every month is 'health care career awareness month' for AHEC, we continue to develop an intensive campaign for October and encourage broad participation by all stakeholders in 2015.

Our *Report to the Community* spotlights the many programs led by the Office of Primary Care and statewide AHEC Network to attract and cultivate young people into health care careers, and recruit and retain health care professionals in Vermont. These important workforce development initiatives are supported by many partners, including federal Health Resources and Services Administration (HRSA), all Vermont hospitals, the Vermont Legislature, the Vermont Department of Health, the University of Vermont College of Medicine, and others.

We appreciate the partners we have in these endeavors, and the *Report to the Community* stories demonstrate the difference we, together, make. Thank you.

Elizabeth Cote, Director, UVM College of Medicine, Office of Primary Care and AHEC Program

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(Benzodiazepine Use *continued from cover*)

to the argument for minimizing the use of benzodiazepines in the elderly. While consumerist forces may often push in the direction of using more medication, the coverage of this study in the *New York Times* is a good example of how consumer education may align with a message of limiting possible medication overuse.

Another study, following the recommendations of the American Board of Internal Medicine Foundation *Choosing Wisely* campaign, sought to reduce benzodiazepine use among elderly citizens of Quebec by leveraging a direct-to-consumer approach (Tannenbaum et al, 2014). Two hundred sixty-one patients using long-term benzodiazepines were recruited through pharmacies, and randomized to receive a simple 10-page brochure that described the potential risks of long-term use and suggested a gradual tapering schedule. Over six months of follow-up, 27% of the intervention group stopped their benzodiazepines versus only 5% of the control group; another 11% reduced their dose. Of note is that while many subjects discussed the recommendations with their doctor or pharmacist, about one-third of the intervention subjects did not. This study is a great example of the potential of direct patient education and empowerment—very apt since the acronym for the study was EMPOWER (Eliminating Medications Through Patient Ownership of End Results)!

In looking at local practices in Vermont we have found that about 11% of patients have a benzodiazepine on their medication list and it is up to 14% for older adults. We encourage

prescribers, pharmacists, and practice managers to review the brochure used in the EMPOWER study which includes information written in lay language along with a basic benzo taper schedule: http://criugm.qc.ca/images/stories/les_chercheurs/risk_ct.pdf.

A link to the Paula Span article that covers the topic and some of the strengths and weaknesses of the study:

http://newoldage.blogs.nytimes.com/2014/09/24/study-links-anxiety-drugs-to-alzheimers-disease/?_php=true&_type=blogs&emc=eta1&_r=1.

The original paper by Sophie Billioti de Gage is available at: <http://www.bmj.com/content/349/bmj.g5205>.

The Tannenbaum study is posted at: <http://www.ncbi.nlm.nih.gov/pubmed/24733354>. ■



Senator Bernie Sanders and VA Secretary Discuss Employment Opportunities at the VA

A new federal law has infused billions of dollars in funding into the U.S. Department of Veterans Affairs (VA) to support increased VA hospital residency slots and provide substantial educational debt assistance to physicians and other health care professionals. On Monday, October 13, 2014, U.S. Senator Bernie Sanders and U.S. Department of Veterans Affairs Secretary Robert McDonald presented a special session to a standing-room-only crowd in Carpenter Auditorium at the University of Vermont College of Medicine. UVM President Tom Sullivan, J.D., College of Medicine Dean Frederick C. Morin III, M.D., College of Nursing and Health Sciences Dean Patricia Prelock, Ph.D., as well as several representatives from the White River Junction, VT VA Hospital, were in attendance.

This new law allows the VA to immediately begin hiring physicians and other health care professionals, and provides the Department with authority to give priority to filling positions in the five health provider occupations that the VA's Office of Inspector General has identified as having the largest staffing shortages.

Recruitment and retention at VA Hospitals and clinics will be further enhanced by the increase in the maximum amount of money available to eligible VA health care professionals in their Education Debt Reduction Program. As a result, the VA will now be able to provide up to \$120,000 in debt assistance, double what it had been previously authorized to provide.

To learn more about VA careers and incentive programs, visit www.vacareers.va.gov/. ■

PRIMARILY VERMONT

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Vermont Receives Federal Grant for Educational Loan Repayment

The State of Vermont has secured a four-year grant from the Health Resources and Services Administration (HRSA) for educational loan repayment assistance for primary care practitioners and dentists. The \$250,000 per year federal grant requires dollar-for-dollar match funds.

Those eligible for the funding include physicians, nurse practitioners, physician assistants, and dentists employed at Federally Qualified Health Centers (FQHCs) or Rural Health Clinics (RHCs). In 2015, it is anticipated that approximately 25 awards will be made, each up to \$20,000 (with match) per year, in return for a two-year service contract at a specific primary care site.

A provision in the Affordable Care Act sponsored by Senator Bernie Sanders authorized \$1.5 billion for the National Health Service Corps (NHSC) which provides scholarships and loan repayment for health care providers to work in underserved communities. Vermont will be participating in the NHSC's State Loan Repayment Program (SLRP) for the first time as a result of expanded eligibility for these NHSC funds. The program will be administered by the University of Vermont College of Medicine Office of Primary Care and AHEC which currently administers the state-funded Educational Loan Repayment Program (ELR) for healthcare professionals.

"I am pleased that these dollars will help attract and retain dedicated health care providers to areas of high need across Vermont," Senator Sanders stated when the grant was announced. ■



Vermont Nurse Fellows Learn Leadership Skills

Twenty-five emerging Vermont nurse leaders are participating in a year-long fellowship designed to increase the number of nurses who contribute to health care reform. The nurse fellows are being prepared for roles on state and local boards and commissions, hospital and community boards of directors, and elected office. The fellowship opportunity is sponsored by a Robert Wood Johnson/AARP Vermont Action Coalition grant, and responds to the Institute of Medicine's 2010 "Future of Nursing" recommendation to "prepare and enable nurses to lead change and advance health."

The program's educational content focuses on self-knowledge and self-management as leadership skills; team analysis and facilitation strategies for career development; governance roles as key leadership opportunities; understanding and using health policy, health care reform, and health finance as essential leadership tools. The program is led by Betty Rambur, PhD, RN of the University of Vermont (UVM) College of Nursing and Health Sciences; Dr. Rambur also is a member of the Green Mountain Care Board. ■

Web Site Resources

Survey of Primary Care Physician Supply The National Center for Health Statistics, Centers for Disease Control and Prevention has issued a study of the supply of primary care providers by state that shows from 2002 to 2012 the supply of primary care physicians, measured as the number per 100,000 population, was stable, as was the ratio between primary care physicians and specialists. Go to: www.cdc.gov/nchs/databriefs/db151.pdf.

Video on Student Loans and Debt Management Nicole Knight, a Senior Education Debt Management Specialist at the Association of American Medical Colleges (AAMC) has prepared a video that explains repayment options and provides common sense strategies for managing student loan debt. Go to: www.youtube.com/watch?v=IReKEU3cVOo&list=UUvcJgKbCgS9F2o8ZspCwxw.

New England Community Health Workers Review "Community Health Workers: A Review of Program Evaluation, Evidence on Effectiveness and Value, and Status of Workforce Development in New England Final Report" from July 2013 is available at: <http://cepac.icer-review.org/wp-content/uploads/2011/04/CHW-Final-Report-07-26-MASTER1.pdf>.

Diabetes Toolkit for Pharmacy, Podiatry, Optometry, and Dentistry (PPOD) The PPOD Toolkit shows practitioners how to work with members of the health care team to promote better outcomes in people with diabetes. Go to: www.cdc.gov/diabetes/ndep/ppod.htm.

Voices for Healthy Kids Smart school foods, healthy drinks, food access, active kids, and a new toolkit called "Just Around the Corner" about affordable foods in corner stores are all topics on the Voices for Healthy Kids web site, sponsored by the American Heart Association and Robert Wood Johnson Foundation. Go to: www.voicesforhealthykids.org. ■

Evaluating Patients for Possible Ebola Virus Disease

By Patsy Kelso, PhD, State Epidemiologist for Infectious Diseases



The West African nations of Liberia, Sierra Leone, and Guinea are experiencing the largest Ebola epidemic in history. Providers are asked to familiarize themselves with the latest guidance from the Centers for Disease Control and Prevention (CDC) in order to mitigate the possibility of transmission in a United States health care facility.



Ebola is spread by direct contact (through broken skin or mucous membrane) with blood and body fluids (including but not limited to urine, saliva, feces, vomit, sweat, breast milk and semen) of a person who is sick with Ebola, or by contact with objects such as needles and syringes that have been contaminated with these fluids. People are not contagious before they are symptomatic. The incubation period is typically eight to ten days but can range from two to 21 days.

Triage

- Does the patient have fever > 101.5%?
OR
- Does the patient have symptoms consistent with Ebola (headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain or hemorrhage)?
AND
- Has the patient traveled to an Ebola-affected area in the 21 days before illness onset?

If the patient has fever and/or Ebola symptoms AND travel history:

1. Isolate the patient in a private room.
2. Implement standard, contact, and droplet precautions (gowns, face mask, eye protection and gloves).
3. Call the Vermont Department of Health (800-860-4374) right away to determine if testing for Ebola is indicated. ■

Additional Resources:

- Ebola algorithm for the evaluation of a returned traveler: <http://www.cdc.gov/vhf/ebola/pdf/ebola-algorithm.pdf>
- Checklist for evaluation of a patient: <http://www.cdc.gov/vhf/ebola/pdf/checklist-patients-evaluated-us-evd.pdf>
- Map of affected countries: <http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html#areas>
- More information: <http://healthvermont.gov/prevent/ebola/index.aspx>



Left to right: David Coddaira, MD, president of the Vermont Medical Society; David Little, MD; and nominating presenter Thomas Peterson, MD.

Vermont Medical Society Honors Four For Service

The Vermont Medical Society (VMS) recognized four Vermonters at its recent annual meeting.

The awards include the Distinguished Service Award given to David Butsch, MD, of Barre, Vermont for his work as a physician and surgeon at Central Vermont Medical Center for more than 40 years; the Physician of the Year Award given to David Little, MD, of Milton, Vermont for the exemplary and respectful care that he has given to his many patients; the Citizen of the Year award to Jill Lord, RN, MS of Windsor, Vermont for her efforts as Director of Patient Care Services and Chief Nursing Officer at Mt. Ascutney Hospital and Health Center where she was instrumental in creating the Vermont Nursing Internship program; and the Founders' Award given to Devon Green, JD, of Montpelier for her work as a staff attorney for Vermont Legal Aid on a case which successfully challenged the Medicare "Improvement Standard" that denied care to Medicare beneficiaries who needed services to maintain their health status but who could not demonstrate that their condition would improve. ■

SAVE THE DATE!

The Vermont Area Health Education Centers (AHEC) Network
presents the

Vermont Geriatrics Conference

Tuesday, April 14, 2015 in Essex Junction, VT

REGISTER AT: [HTTP://CME.UVM.EDU](http://CME.UVM.EDU) OR (802) 656-2292

REPORT TO THE COMMUNITY 2013-2014

Vermont Educational Loan Repayment

The purpose of this state loan repayment program is to increase access to care in underserved communities and to address the health professional shortages that cause disparities in access to health care in Vermont. The program strategically responds to the most pressing health care workforce needs in the state and awards go directly to pay educational loans (lender is requested to apply payment directly to loan principal to have the greatest impact on debt reduction).



Psychiatrist Mark McGee, MD is a "Vermonters by choice," having grown up in Baltimore. Since his days as an undergraduate student at the University of Vermont (UVM), he is committed to living in Vermont and AHEC has contributed to that decision.

It began when he was a Freeman Medical Scholar at the UVM College of Medicine for four years: "The scholarship allowed me to have less burdensome student debt and made a difference in the specialty training I could choose," he notes. Completing a psychiatry residency at Fletcher Allen Health Care, he spoke with Dr. Fritz Engstrom (Frederick Engstrom, MD, Chief Medical Officer)

of the Brattleboro Retreat at Vermont Recruitment Day, an AHEC-sponsored event that brings together Vermont hospitals and health care organizations with UVM medical and health sciences students and residents to explore employment and clinical rotation opportunities.

Recently, he received Vermont Educational Loan Repayment (ELR) funding to further reduce his educational debt and make it possible for him to practice in a rural state. Last year, he participated in Vermont Recruitment Day again, this time as a representative for the Brattleboro Retreat.

Now living on a farm in Guilford with his wife and young son Finn, he comments that AHEC programs have made multiple ripple effects, all subtle but building to a substantial contribution. "Everything about being here fits: the people, the landscape, the community aspect, and in my work life, it's nice to be in a small medical community where I know my peers and colleagues throughout the state; I've done some policy advocacy work in the Legislature. There's a certain civility about knowing who these people are, whether we agree on issues or not: they are our neighbors and it creates a sense of community." ■



Vermont Academic Detailing Program

Vermont Academic Detailing sessions present an objective overview of what evidence from studies shows about various drugs, and non-drug therapies used to treat a medical condition. An academic detailer will visit a primary care office anywhere in the state of Vermont to present the latest evidence-based prescriber support and education for managing common but challenging primary care conditions. There is no pharmaceutical company sponsorship associated with the program.

One Continuing Medical Education (CME) credit is granted for each session. This program is made possible through funding from the Vermont Department of Health and there is no cost to prescriber participants or practices. During 2013-2014, 91 sessions were presented in all but one Vermont county. ■



"Our Family Medical practice has benefitted from the Vermont Academic Detailing Program for many years. We all agree that the physicians and pharmacists in academic detailing have been thoroughly prepared and practical with their advice and receptive to our realities. Without a doubt it is the singularly most helpful hour of CME in any given year."

— David M. Coddaira, MD,
Morrisville Family Health Care

Physician Placement Program Placed 20 Physicians in FY14

The objective of the Physician Placement Program is to recruit physicians to workforce shortage areas of Vermont, with an emphasis on rural and underserved areas. To accomplish this, the program works with UVM College of Medicine graduates and UVM Medical Center medical residents and fellows to match them to the practices where they are needed.

AHEC placed 20 physicians during the past year, including 12 in primary care and eight in specialty care. Thirteen physicians were placed in rural counties, with three of these placed at an FHQC or RHC (rural/underserved). Three of the specialty care placements were in psychiatry.

As of June 30, 2014, 100 vacancies were

posted with AHEC: 44 in primary care and 56 in specialty care; AHEC's efforts continue in FY15.

The Physician Placement Program responds to Vermont state physician recruitment needs and is a credible and reliable resource for Vermont recruiters and physicians. ■

CollegeQuest to Health Careers

CollegeQuest to Health Careers is a workforce development program designed to prepare Vermont high school students for college admission and degree completion in a health-related field of study. Vermont regional AHECs work in partnership with the Vermont Student Assistance Corporation (VSAC) to recruit applicants, provide training in health career and college preparation, and to provide continuing support for participants throughout their senior year in high school. Students receive a stipend for completing the program to apply toward college expenses.

In the words of one 2013 participant: "CollegeQuest has taught me the skills necessary to get into and to be successful in college. It has also taught me about possible career paths in health care that I never knew about. It has also given me a taste of college life encompassing the social and academic facets."

The program is specifically tailored to helping low-income and first-in-family students overcome barriers to post-secondary success. Longitudinal tracking has shown that 58% of program completers choose to remain in Vermont to attend college. When choosing a location to practice, health care professionals are influenced by where they were raised and where they are educated; being rural-raised and rural trained are predictors for rural practice.¹ These bright, motivated students represent Vermont's future health care workforce. And the program's early outcomes are promising.

CollegeQuest is in its fourth year. Seventy-one high school students have completed the 6-week residential program. The program involves a structured curriculum, visits to colleges and medical centers, and a rich interaction with health professionals and educators who make up the faculty.

Three months after completing the program, participants surveyed reported that because they attended CollegeQuest, they took more challenging courses in their senior year; were involved in more health-related activities outside of school; and their families completed the Free Application for Federal Student Aid (FAFSA), which is a strong predictor of post-secondary enrollment. In a self-report survey completed at the time of high school graduation, 95% (n=35) of respondents said that they plan to pursue a degree in a health-related field.

Of the 48 CollegeQuest program completers from 2012 and 2013, 96% were registered for college in the fall after their senior year. Twenty-eight CollegeQuest students (58%) are registered at a Vermont college, which is a predictor of future employment in Vermont.

Ninety-one percent (22 of 24) of students remain enrolled in their second year of college. Continued enrollment after the first year in college is a strong predictor of degree attainment; typically 25% of student leave college during or immediately following their freshman year (New England Board of Higher Education, 2006). Statistically, CollegeQuest completers are on track for finishing their post-secondary education at a much higher rate than their peers in Vermont.

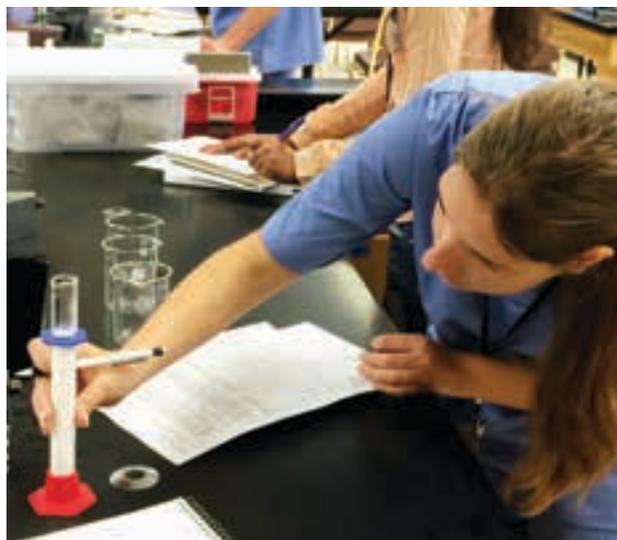
CollegeQuest to Health Careers is a program of the Vermont AHEC Network, made possible by funding from the Health Careers Opportunity Program (HCOP) of the federal Health Resources and Services Administration (HRSA). ■



Jenna Flint, of Winooski, and Vytas Nielsen, of Brandon, work together on a dissection lab at CollegeQuest.



Elizah French, from Spaulding High School, and Vytas Nielsen, from Otter Valley Union School explore the patient simulation lab at UVM.



Kelly Myrto, of Waitsfield, VT is at work in Human Biology class.

¹ Specialty and Geographic Distribution of the Physician Workforce: What influences Medical Student and Resident Choices? (March, 2009). A study by the Robert Graham Center, American Academy of Family Practice Center for Policy Studies. Available at: <http://www.graham-center.org/online/etc/medialib/graham/documents/publications/mongraphs-books/2009/rgcmo-specialty-geographic.Par.0001.File.tmp/Specialty-geography-compressed.pdf>

Summer Youth Programs: MedQuest and Advanced MedQuest

AHEC Summer 2014 Programs exposed Vermont students to health care career opportunities through week-long MedQuest programs attended by 100 high school students, Advanced MedQuest attended by 16 high school students, and CollegeQuest which was completed by 23 Vermont high school seniors.

Northeastern Vermont AHEC MedQuest students rated the job shadowing opportunities high on their preference list but most enjoyed learning about the cardio and respiratory systems in preparation for dissection of sheep hearts in the Lyndon State College science lab.

A highlight of the Champlain Valley AHEC MedQuest at the University of Vermont was a three-part dental career section which included panel discussions with several dental professionals about their careers, a session on the effect of fluoride in water when students made their own toothpaste, and an opportunity to actually drill and fill a cavity on the new dental simulator in the UVM College of Medicine Simulation Lab, under the supervision of David Averill, DDS, a local dentist.

Students in Southern Vermont AHEC's MedQuest and Advanced MedQuest programs culminated a week of learning about anatomy and medical terminology by watching live surgery via telemedicine; workshops on how to start an IV as well as suture a small wound were also



Advanced MedQuest students at the University of Vermont.

highlights, and students always enjoy the opportunity to do job shadows of health career professionals. In all, 56 students completed 224 job shadows and were amazed by the variety of health care careers available. ■



Michaela Sterling, left, a junior at Rochester High School, and David Pery, a graduate of Mount Saint Joseph Academy in Rutland, (now a freshman at St. Michael's College), use a simulator in the UVM Simulation Lab during Advanced MedQuest.

Projects for Health Professions Students

The regional AHECs sponsored health professions students in community-based projects and enabled them to contribute to improving patient experiences.

Two medical students and a nurse practitioner student worked in the St. Johnsbury area to map area community resources for those navigating the local system of addiction treatment and recovery, to be used by treatment and recovery professionals and community partners. They developed a brochure and an online presentation to organize the resources in

user-friendly format.

In the Champlain Valley, a medical student and a nurse practitioner student developed culturally and linguistically sensitive lesson plans for healthcare professionals and students to use to introduce various healthcare topics to Vermont's Latino/a migrant farm workers. The lesson plans can be incorporated into programs that provide educational and health care services to Vermont migrant farm workers. Also at Champlain Valley AHEC, a Vermont college senior majoring in health sciences and

attending Gettysburg College in PA, worked on materials for personalized learning plans being implemented in three area high schools, updated the MedQuest Handbook and assisted in the development and delivery of the Cultural Competency workshop for MedQuest.

Southern Vermont AHEC hosted a medical student and a nurse practitioner student who organized and led a pilot seminar for patients at Mountain Health Center in Bristol about reducing stress and living healthier. ■

Office of Primary Care and Vermont

Pipeline

Pipeline programs reached 4,839 students, of which 1,688 were disadvantaged or minority students, in 72 schools. The activities include:

- 244 job shadow experiences.
- 112 classroom presentations to 1,593 students.
- Reached 3,246 students at career fairs.
- Focus on Health Careers Conference for 105 high school students from 30 schools.
- 45 students in Club Scrubs.
- 39 students at the Sophomore Summit Conference.
- 100 students attended MedQuest.
- 24 students completed CollegeQuest.
- 39 adult learners attended Health Career presentations.
- 102 seventh and eighth graders from 17 schools attended Kingdom Career Connection.

Health Professions Students

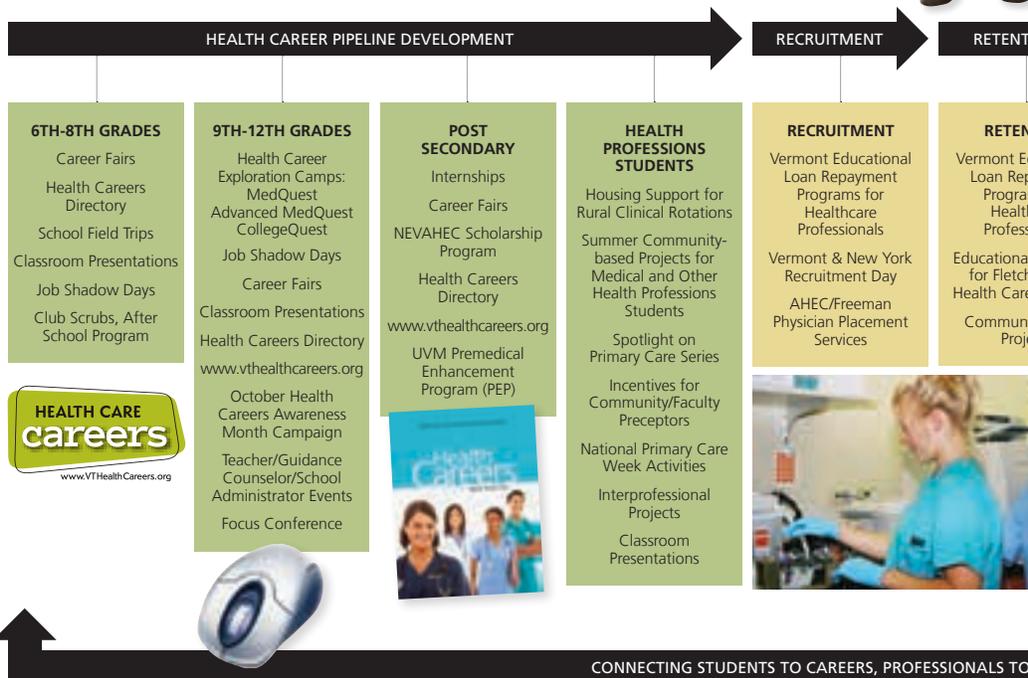
- 19 students were mentored and participated in job shadowing in the Pre-Medical Enhancement Program (PEP).
- 77 of the 106 students (73%) in the UVM College of Medicine Class of 2016 worked with AHEC during clinical rotations and/or summer projects.
- 53 students received AHEC housing during clinical rotations or summer projects.
- Five MedQuest alums in health career-related college programs completed paid internships as part of the College Student Internship program (C-SHIP) in southern Vermont.
- 451 participants attended the Spotlight on Primary Care series sessions for medical students.

UVM Office of Primary Care and the Vermont Area Health Education Centers (AHEC) Program

Encouraged by the State Legislature, UVM established the Office of Primary Care (OPC) in 1993 to focus the College of Medicine's commitment to primary care and community outreach in Vermont. OPC is actively involved in enhancing networks of community-based faculty, in strengthening teaching and research programs, and in preparing the workforce for the future.

The OPC was awarded federal funding to establish a statewide AHEC program in 1996, including three regional centers (Northeastern Vermont AHEC in St. Johnsbury, Champlain Valley AHEC in St. Albans, and Southern Vermont AHEC in Springfield), each a 501c-3 non-profit organization. Together, the Vermont AHEC Network is increasing the supply, geographic distribution, and education of Vermont's healthcare workforce, and providing a link between UVM's health professions training programs and Vermont's communities. The Vermont AHEC Network is a true academic-community partnership.

In 2014, the UVM OPC and VT AHEC Network provided 4,839 Vermont youth with health care careers experiences, worked with 224 providers precepting health professions students, delivered continuing education to 3,258 health care professionals, and placed 20 physicians in Vermont communities.



- 245 attendees networked with representatives of 13 hospitals and 13 other organizations at Vermont Recruitment Day 2013.
- A presentation of the documentary "The Hungry Heart" about Vermont's opiate addiction problem was attended by 260 medical students and faculty at the UVM College of Medicine.
- Sponsored an Interprofessional Exploration of Cuba's Primary Health Care System including one week in Cuba for three medical students in advanced practice nursing, in dental school, and in social work.
- 224 Vermont preceptors of medical students were awarded continuing education funds through the Community Preceptor Recognition Program.

AHEC Network 2013-2014 Highlights



Overarching Aims

HEALTHCARE WORKFORCE
VT AHEC will improve access to high quality health care by promoting an appropriate and adequate healthcare workforce in Vermont.

COMMUNITY HEALTH SYSTEMS
VT AHEC will be engaged with, and responsive to, community health care needs throughout the state.

vtahec.org



<p>RECRUITMENT AND RETENTION</p> <p>Continuing education programs for healthcare professionals</p> <p>Continuing education programs for Allen County Residents</p> <p>Continuing education programs for community-based health workers</p>	<p>CONTINUING EDUCATION & QUALITY IMPROVEMENT (QI)</p> <p>Behavioral Health & Primary Care Conference</p> <p>Clinical Updates</p> <p>Rural Health Symposium</p> <p>Geriatrics Conference</p> <p>Motivational Interviewing</p> <p>Grand Rounds for School Nurses</p> <p>Academic Detailing</p> <p>Program in Wise Prescribing</p> <p>LNA & Direct Care Worker Trainings</p> <p>Opioids Prescribing QI</p> <p>Military Veterans' Health</p>	<p>WORKFORCE, RESEARCH & PLANNING</p> <p>Nursing Workforce Summaries</p> <p>Primary Care Practitioner Workforce Snapshot</p> 	<p>TOOLS & RESOURCES FOR PRACTITIONERS</p> <p>CME Incentives for Preceptors</p> <p>Clinical Diagnostic Tools</p> <p><i>Primarily Vermont</i> Newsletter</p> <p>Cultural Competency Manual and Training</p> <p>Resource Directories (Mental Health, Substance Abuse)</p> <p>PTOPhelp.org</p> <p>Farm Health Task Force</p> <p>Interprofessional Learning Summits</p> <p>Professional Collaboratives</p>	<p>IMPROVING COMMUNITY SYSTEMS OF ACCESS & HEALTHCARE COORDINATION</p> <p>Public Health/Primary Care/School Nurses Forums</p> <p>Mental Health/Dental Health and Primary Care Integration</p> <p>Integrating Healthcare and Community Resources</p> <p>Patient Education Initiatives</p> <p>Community-based Collaborations and Partnerships Respond to Emerging Needs</p> <p>Members of Blueprint Community Health Teams</p> <p>Pharmacists in Blueprint Pilot</p> 	<p>SUSTAINING VT AHEC NETWORK</p> <p>Statewide Strategic Planning on Health Care Pipeline</p> <p>Collaborative Educational Program Development</p> <p>Shared Resources and Capacity</p> <p>Joint Staff Training</p>
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CONNECTING STUDENTS TO CAREERS, PROFESSIONALS TO COMMUNITIES, AND COMMUNITIES TO BETTER HEALTH.

Continuing Education

198 continuing education courses were offered to 3,258 participants. These include:

- 97 attendees at the Vermont Geriatrics Conference.
- 103 attendees at Bridging the Divide: Fostering collaboration between primary care, mental health, substance abuse and behavioral health professionals.
- 567 participants (484 were school nurses) took part in Grand Rounds for School Nurses at Vermont Interactive Technologies (VIT) sites.
- 564 participants in 91 Academic Detailing sessions in 13 of Vermont's 14 counties.
- The Cultural Competency Manual for Healthcare Professionals (www.cvahec.org) was maintained and expanded with a new section on Bhutanese refugees and updates to the LGBTQI section.

Community-Based

For news from Vermont's three regional Area Health Education Centers, check out their community-based web sites:

- Champlain Valley AHEC:
www.cvahec.org
St. Albans (802) 527-1474
- Northeastern Vermont AHEC:
www.nevahec.org
St. Johnsbury (802) 748-2506
- Southern Vermont AHEC:
www.svahec.org
Springfield (802) 885-2126

Recruitment and Retention

- Administered the Vermont Educational Loan Repayment (ELR) Program for physicians, dentists, RNs and LPNs, advanced practice nurses, physician assistants, and nurse faculty/educators in the amount of \$970,000.
- Placed 20 physicians (12 in primary care and eight in specialty care); 13 were placed in rural counties, three of them in FQHCs/RHCs.
- 120 Freeman Medical Scholars are currently serving Vermonters.
- There were 447 applicants for ELR.
- Total debt of all ELR applicants = \$31,782,424.
- 130 applicants received ELR awards averaging between \$5,000-\$13,235.

An Inter-Professional Exploration of Cuba's Primary Healthcare System

In June, a group of University of Vermont faculty and students, and others, visited Cuba in order to get a firsthand look at the Caribbean country's healthcare system through a graduate course organized and led by Associate Dean for Primary Care Charles MacLean, M.D., and Liz Cote, Director of the Office of Primary Care and AHEC Program and offered in collaboration with Burlington College.

"It is well-documented that Cuba has a highly-regarded primary care system," says Dr. MacLean, who is a professor of medicine and an internal medicine physician. "In my role as associate dean, I am always interested in models of care."

The UVM Office of Primary Care (OPC) and AHEC Program was interested in developing a learning experience for health professionals and students to examine the Cuban system from all angles, and assembled a multi-disciplinary team to study how the socialist country's system is organized through as many different lenses as possible. The group of 17 included four College of Medicine faculty members, one College of Medicine staff member, three UVM medical students (two fourth-years and one first-year), a UVM/Fletcher-Allen clinical simulation laboratory technician and dental technician, a UVM social work graduate student, a UVM nurse practitioner student, a state legislator and UVM Department of Social Work faculty member, a UVM College of Nursing and Health Sciences faculty member, a dental student from the University of New England, and three members of the Burlington College faculty.

The course included reading and



A medical student studying in Cuba (far left) shares her perspective on Cuba's system with UVM medical students and faculty, and Vermont State Representative Ann Pugh (second from right).



Left to right: Jason Garbarino, RN, MSN, CNL, Clinical Instructor, UVM Department of Nursing, College of Nursing and Health Sciences; Kristy Haflett, RN (and UVM nurse practitioner student) at The UVM Medical Center; and a U.S. medical student enrolled at the Escuela Latinoamericana de Medicina (ELAM) in Cuba.

classroom discussions prior to the trip, and each student was required to keep a journal. Once in Cuba, the group visited hospitals, primary care clinics (called consultorios), community health clinics (called polyclinics), a natural disaster medical planning group, medical schools, a dental school, and more.

They found a healthcare system that is free for all Cubans and that is also very short on resources. "Despite a lack of resources, many of their health outcome measures are similar to ours," says Senior Associate Dean for Medical Education William Jeffries, Ph.D. "Conceptually and structurally, the polyclinics are similar to the U.S. Federally Qualified Health Centers (FQHCs) and inclusive of primary care, oral health care, and mental health care, but financially the resources are much more limited in Cuba," remarks Liz Cote. The group also noted with great interest that the clinics all display posters that describe the cost of services (such as an office visit, an ultrasound, or an operation) as a reminder to patients that, though the services are "free" to them, they have real and quantifiable costs.

For the course participants, the trip was a once-in-a-lifetime experience, says College of Medicine Class of 2015 member Benjamin Brown. "It opened my eyes to how other people view health and healthcare," he says. "They do what they do well with fewer resources. And people seemed generally proud of their healthcare system – and the care they were receiving. Does the average American feel that way about our system?"

The students completed individual research papers as well as a group presentation delivered on September 8th as part the University's Global Health Series and OPC's Spotlight on Primary Care Series. To learn more, visit www.vtahec.org, programs, AHEC summer projects. ■

Committed to Medicine through PEP

Justin Van Backer thought he would like to be a veterinarian when he was growing up in Wilmington, VT, so he job shadowed one and decided that was definitely not his career path. Instead, he became an emergency services worker in high school and has continued to work as an EMT in college and medical school. And when he selected which college to attend, "PEP was a selling point in coming to the University of Vermont," he asserts. "PEP" is the UVM PreMedical Enhancement Program that allows undergraduates to explore their interest in medicine for three years through job shadowing and working with physician mentors, attending Grand Rounds, and sometimes medical school class with a PEP medical student mentor. The program is a collaboration between the UVM Office of Primary Care and AHEC, the Honors College, and the College of Medicine.

Justin took full advantage of the three-year PEP experience, while pursuing a Bachelor of Science degree in neuroscience. During his first week of shadowing trauma surgeon Bruce Crookes, MD he watched a chest tube be placed in the Surgical Intensive Care Unit (SICU). He fell in love with the OR, even after rotations in other areas of medicine. He also learned about the humanistic side of medicine from Dr. Crookes, who allowed Justin to shadow him nearly every week for two years. "I got to see a different side shadowing Dr. Crookes for two years; he became a mentor and secured my interest in surgery." About the overall program, he says, "PEP absolutely was influential in my decision to go into medicine." Now entering his fourth and final year at the UVM College of Medicine, he spent a week working with the Southern Vermont MedQuest team, about which he says: "I liked the fact that MedQuest wasn't just about exposure to medicine as a physician but all kinds of careers like nursing and respiratory therapy." Last year, he became a PEP mentor himself, helping a new PEP student "as a way of starting to give back," he says. "I really connected with my PEP mentee, and brought him to class and labs."

To participate in PEP, students are required to have a cumulative GPA of 3.5 after their first two semesters at UVM, and a 3.5 GPA in math and science classes. They must submit a letter of recommendation and sit for an interview. Once they are in the program, students are expected to meet GPA requirements, take required pre-medical classes, attend two medical seminars per semester and log the required time with their physician mentors. Students who have successfully completed PEP will be invited for an admissions interview at the College of Medicine; those who do well in their interview will be recommended for acceptance. About half of the PEP students who have graduated in the past three years have entered medical school at UVM. Now writing his personal statement to apply for residency after he graduates in May, Justin says it is based on his PEP experience that introduced him to his mentor Dr. Crookes. Interested in general surgery, he says "I'd love to come back to Vermont to practice." ■



Gregory Roy, left and Justin Van Backer, right, examine a specimen in anatomy lab.



Justin Van Backer models his new white coat following the traditional White Coat ceremony in his sophomore year.

Continuing Education for School Nurses

Mary Sherwin has been a school nurse at Christ the King School in Rutland for 15 years; five years ago she discovered the Grand Rounds for School Nurses program which provides five after-school educational sessions per school year.



Mary Sherwin, RN

Broadcast from 13 Vermont Interactive Television (VIT) sites (Mary attends at the Stafford Technical Center in Rutland), the program provides free continuing education to school nurses throughout Vermont. The school nurses provide direct feedback to inform and select the topics of the sessions. Speakers are often drawn from the University of Vermont Children's Hospital or other in-state topic experts, and the sessions are after school when more school nurses can attend.

"I'm the only medical person here, so I really look forward to it," Sherwin says. "I've been able to benefit from it even if it is a small idea; I get information on things that I wasn't necessarily concentrating on. One reminder I use from a session on asthma is that *not all asthma wheezes and not all wheezing is asthma*, which I use when assessing a child with respiratory problems."

She concludes, "I enjoy going; I'm so impressed with this program!" ■

"School nursing practice can be isolating in Vermont; The Vermont Department of Health/UVM AHEC's Grand Rounds for School Nurses Program provides an opportunity to learn and network with colleagues at the same time."

— Sharonlee Trefry MSN, RN, NCSN
Vermont Department of Health
Maternal and Child Health Division
State School Nurse Consultant

Delta Dental Contributes to Vermont's Educational Loan Repayment Program for Dentists

Delta Dental Plan of Vermont matched Vermont Educational Loan Repayment awards for four dentists for the 2014 year. This marks the fourth year Delta Dental has contributed to community match funds for the program. The 2014 recipients are: **Zongjian Jia, DMD, PhD**, an associate dentist at St. Johnsbury Dental Associates in St. Johnsbury, VT; **Ronald St. John** with Island Pond Health and Dental Center in Island Pond, VT; **Ruchi Grover, DDS**, at Highland Dental Center in Newport; and **Brian Saltzman, DMD**, of Saltzman Dental in downtown Middlebury.

The Vermont Educational Loan Repayment Program provides loan repayment for dentists serving in workforce shortage areas in the state. Recipients must agree to a one-year service obligation contract and practice a minimum of 20 clinical hours per week at designated sites. ■



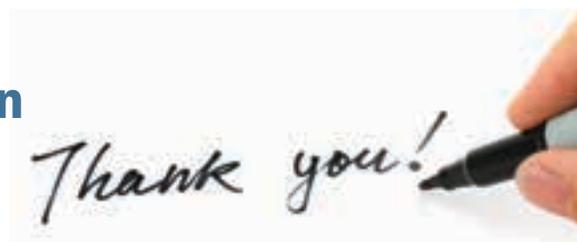
Vermont's Future of Nursing
2014 DATA DASHBOARD



Vermont's Future of Nursing 2014 Data Dashboard

The 2014 Data Dashboard has been compiled to give an overview of Vermont nurses' educational background, practice, leadership, and supply and demand. Drawn from the Vermont State Board of Nursing Relicensure Survey, the Dashboard is available at www.vtahec.org. ■

The University of Vermont Office of Primary Care and Area Health Education Centers Network gratefully acknowledges its supporters:



- Brattleboro Memorial Hospital
- Central Vermont Medical Center
- Delta Dental of Northern New England
- Department of Health and Human Services Health Resources and Services Administration (HRSA) Bureau of Health Professions
- Gifford Medical Center
- Grace Cottage Hospital
- Mt. Ascutney Hospital and Health Center
- North Country Hospital
- Northeastern Vermont Regional Hospital
- Northwestern Medical Center
- Porter Medical Center
- Rutland Regional Medical Center
- Southwestern Vermont Medical Center
- Springfield Hospital
- State of Vermont and Vermont Department of Health
- University of Vermont College of Medicine
- University of Vermont Medical Center (formerly Fletcher Allen Health Care)
- Vermont's Congressional Delegation
- Vermont State Legislature

We thank our many partners and collaborators who enrich our efforts to ensure enough health care providers serve Vermont residents.



Vermont Academic Detailing Program for 2014-15

The Vermont Academic Detailing Program offers five program topics this year for its one-hour interactive sessions for practitioners who prescribe medications. They are:

- Management of Migraines
- Management of ADHD
- Management of Insomnia
- Practical Approaches for Discontinuing Medications
- Management of Type 2 Diabetes

To schedule a session at your practice, contact Laurie McLean in the UVM Office of Primary Care at (802) 656-2888 or at: Laurie.McLean@uvm.edu. ■



October of each year is officially designated as Health Care Careers Awareness month in Vermont.

This designation is according to Act 128 Sec. 31a. 1 V.S.A. § 376, enacted by the Vermont Legislature, and became law on May 27, 2010. Visit www.vthealthcareers.org to learn more about health care careers! Contact AHEC to explore how you can contribute to October Health Care Careers Awareness Month efforts. ■

People in the News

Two students in the UVM College of Medicine Class of 2014 received recognition on UVM Honors Night in the names of former associate deans for primary care. **George “Bud” Varna** received the Mildred A. Reardon, MD Award for service to the College, and **Vanessa Patten** earned the John P. Fogarty, MD Leadership Award.

Charles MacLean, MD, UVM Associate Dean for Primary Care and AHEC, has been named to the Vermont Children’s Trust Foundation Board of Directors; the Foundation raises money to fund health promotion and prevention programs for children throughout Vermont, granting \$500,000-\$700,000 annually to programs statewide.

An expanded second edition has been published of the textbook, *An Introduction to Medical Teaching* by **William Jeffries, PhD**, Senior Associate Dean for Medical Education at the University of Vermont College of Medicine and **Kathryn Huggett, PhD**, Assistant Dean for Medical Education at Creighton University. A number of UVM College of Medicine faculty members contributed to the text which is also illustrated with photos from the College.

Thomas W. Huebner, president of Rutland Regional Medical Center and Rutland Regional Health Services, has been named to a three-year term on the American Hospital Association’s Board of Trustees.

Two third-year medical students at the University of Vermont College of Medicine, **Whitney Thomas** and **Tara Higgins**, were awarded Vermont Medical Society Education Research Foundation Dr. Mildred A. Reardon scholarships; each received \$5,000. Thomas is a native Vermonter who earned undergraduate degrees at Bates College and Boston University and spent a semester studying in Spanish at Arcadia University in Granada, Spain. She hopes to practice primary care in her native state. Higgins is also a Vermonter who completed undergraduate work at Bates College and UVM and hopes to practice obstetrics/gynecology in Vermont.

Gov. Peter Shumlin has appointed Middlebury College economics professor **Jessica Holmes** to the Green Mountain

Care Board. The five-member board was created by the Legislature in 2011. It has broad authority to set payments for health care services, and currently sets rates for commercial health insurance products and the rate of growth in hospitals’ patient revenue and charge rates — often called the hospital budget process. Holmes currently serves on the board of Porter Medical Center. She said in an email that she will resign from that board. “I have been impressed by the work of the [Green Mountain Care] Board to date, and I am honored to serve the people of Vermont in this capacity,” Holmes said in a prepared statement. “Vermont is uniquely positioned to be a leader in health care reform. We are a small, healthy state with collaborative stakeholders, high quality providers, and a governor and Legislature who put health care reform at the top of the priority list.” Holmes will replace outgoing board member **Karen Hein, MD**.

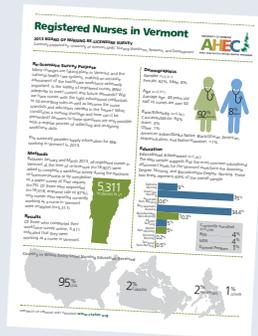
Eileen Whalen, MHA, RN will become President and Chief Operating Officer of the University of Vermont Medical Center early in 2015. She is currently chief executive at Harborview Medical Center in Seattle, WA, the largest public hospital in Washington and an academic medical center. She was formerly executive vice president at the University of Arizona Medical Center in Tucson, AZ and has held numerous leadership positions in trauma, emergency and critical care services. She is a nationally recognized trauma systems expert and has been President and a founding member of the Society of Trauma Nurses. This is a newly-created position; **John Brumsted, MD** remains Chief Executive Office of the University of Vermont Medical Center and its partners.

David Coddaira, MD, a family physician at the Morrisville Family Health Center, was named president of the Vermont Medical Society; **James Hebert, MD**, a surgeon at the University of Vermont Medical Center and **Wendy Davis, MD**, a pediatrician and clinical professor of Pediatrics at Vermont Child Health Improvement Program, were elected president-elect and vice-president, respectively. ■

Fall Briefs

2014 Vermont LPN Survey Results

A summary of the 2014 Board of Nursing Re-licensure Survey of Licensed Practical Nurses (LPN) has been compiled by the UVM AHEC Nursing Workforce, Research, Planning, and Development staff, and is available at www.vtahec.org. Ninety-nine percent of the 1,801 LPNs in Vermont completed the survey which shows that 38% of those respondents specialize in geriatrics and 41% work in nursing homes/extended care/assisted living settings. The report recommends curriculum rich in geriatric content for LPN students, and notes the importance of keeping a supply of LPNs in Vermont's workforce as the population ages, and in light of the upcoming retirement of 18% of LPNs who are over 60 years old.



Report Shows How Targeting Patients' Social Needs Is Critical to Improving Quality and Reducing Costs

As public and private payers increasingly hold providers accountable for their patients' health and health care costs, and link payments to outcomes, providers are developing strategies to address the social factors that play so large a role in people's health. As much as 40 percent of patient outcomes can be attributed to factors such as income, educational attainment, access to food and housing, and employment status—and low-income populations are particularly affected. A new report prepared by Manatt Health Solutions for The Commonwealth Fund, The Skoll Foundation, and The Pershing Square Foundation explores the impact of social needs on health and the costs of care and identifies evidence-based strategies and interventions that can help providers target patients' social needs, improve health, and reduce spending.

Visit commonwealthfund.org to read Addressing Patients' Social Needs: An Emerging Business Case for Provider Investment and learn about the variety of tools available to providers and the range of effective programs in the U.S. and abroad.

<http://www.commonwealthfund.org/publications/fund-reports/2014/may/addressing-patients-social-needs>

Baby Oral Health Program Now Free

The University of North Carolina/Chapel Hill Department of Pediatric dentistry now offers free access to its "Baby Oral Health Program" which is intended to help dental professionals understand the rationale behind, and feel more comfortable about treating pregnant women and children beginning at age one. There are also educational resources for parents at the site: www.babyoralhealthprogram.org.

FAHC Becomes University of Vermont Medical Center



This fall, signs and other identifying items are beginning to reflect the name change from Fletcher Allen Health Care to the University of Vermont Medical Center, with current Fletcher Allen Partners identifying themselves as "Central Vermont Medical Center," followed by the "University of Vermont Health Network." Vermont's only academic medical center and its partners are making the change "to emphasize our academic core and that we are working together to provide seamless, high-quality care to the people of our communities, no matter where patients go for services within our network," according to the statement issued when the change was announced. Implementation of the name change is estimated to last 12-18 months.

The Commonwealth Fund: U.S. Health Care Most Expensive, Least Effective in Survey

A recent report on a survey by the Commonwealth Fund concludes that the United States is last in quality of its health care system when compared with ten other western, industrialized nations while it continues to spend far more per capita on health care (\$8,508) than Norway (\$5,669) which has the second most expensive system. The data for the 2014 report was collected before the Affordable Care Act went into full effect, and reform may impact these future data. The United Kingdom, which spends \$3,405 per person on health care, placed first overall in the comparison of 11 other nations that included Australia, New Zealand, Switzerland, Canada, France, Germany and others. The report notes that the U.S. does well providing preventive care and patient-centered care but cites as deficiencies a relative shortage of primary care physicians, lack of access to primary care, especially for the poor; a large number of low-income residents who skip needed care, do not get a recommended test or do not fill a prescription because of cost; high infant mortality; inordinate levels of mortality from conditions that could have been controlled, such as high blood pressure; and lower healthy life expectancy at age 60. The full report is at: www.commonwealthfund.org/publications/fund-reports/2014.

"Sunshine Act" Sheds Light on Physician Income from Companies

In September, the federal government made available to the public an online database of payments to U.S. physicians and teaching hospitals by makers of drugs and medical supplies. "Open Payments," commonly known as the Sunshine Act, requires disclosure of certain payments, gifts, and other services to health professionals. According to the New England Journal of Medicine, nearly 95 percent of U.S. physicians accept gifts, meals, payments, travel, and other services from companies that make drugs and medical products they prescribe. To learn more, visit www.cms.gov/openpayments.

Oral Health Consensus Statement

In order to present a united front regarding the safety and importance of oral health care during pregnancy, leaders from the Vermont (VT) State Dental Society, VT Chapter of the American Academy of Pediatrics, VT Ob/Gyn community, VT Association of Family Practitioners, and the VT Department of Health have signed a consensus statement that reinforces the safety and importance of oral health during pregnancy and promotes health care provider knowledge regarding the removal of the cap on dental services for pregnant and postpartum women.

A child's oral health status is strongly related to the oral health status of his or her mother; this is because the bacterium that causes decay can be transmitted to the child by the mother. By comprehensively addressing the pregnant woman's oral health needs, the potential for her child to develop early dental decay is greatly reduced. In 2012 the Vermont legislature voted to remove the cap on dental services for pregnant and post-partum (up to 60 days) women insured by Medicaid as a targeted strategy to decrease the incidence of early childhood caries (dental decay in children under six) in Vermont.

Removing the cap on dental services for pregnant and post-partum women is a positive step, but one that will only be effective if health care providers work together to promote the utilization of the benefit (e.g., prenatal care providers referring women to dental care at an early prenatal care visit, dental teams feeling comfortable treating pregnant women).

For additional information, contact Robin Miller at the Vermont Department of Health, Office of Oral Health: Robin.n.miller@state.vt.us, 802-863-7272.

New Guidelines for Opiate Prescribers in Vermont

The Vermont Medical Board of Medical Practice has adopted new guidelines for physicians who prescribe highly addictive and easy-to-abuse drugs to people who suffer from long-term pain. The new Vermont policy puts more emphasis on assessing a patient's risk for addiction and describes ways to monitor whether patients are taking the drugs correctly, including pill counts and drug tests. The number of prescriptions of opiate pain medications has declined in Vermont over the past four years, according to Vermont Department of Health statistics. The policy is available at: www.healthvermont.gov/hc/med_board/documents/OpioidPainPolicyApril2014.

University of Vermont Medical Center Dental and Oral Health Site Opens

The University of Vermont Medical Center Dental and Oral Health Clinic recently opened at 1060 Hinesburg Road in South Burlington and also serves as the host teaching facility for the Dental General Practice Residency program. Annually, there are four dental residents in the one-year program. These dentists, along with the staff dentists, see patients Monday-Friday and are currently accepting new patients, including Medicaid and those with most other insurances.

Least and Most Obese Americans by State

A report from the Trust for America's Health and the Robert Wood Johnson Foundation indicate Americans in the South, particularly West Virginia and Mississippi, have the greatest percentage of obese residents at 35%. Only seven states – Vermont, Montana, Utah, California, Massachusetts, Hawaii, Colorado, and the District of Columbia – have obesity rates below 25%. Colorado, the least obese state in the country, and Hawaii, the second least, have obesity rates below 22%. For comparison, in 1990, not a single U.S. state had an obesity rate above 15% but by 2000, only two (Arizona and Colorado) had obesity rates below 15% and by 2010, no state had an obesity rate below 20%. The national obesity percentage is at 35%, making the U.S. the world's most obese major country.

Vermont Nursing Home Adds Dental Care

The Manor in Morrisville, Vermont has added a dental suite to provide dental care to its nursing home residents. A cooperative undertaking between recently retired Director of the Office of Oral Health for the State of Vermont Steve Arthur, DDS; Linda Greaves, Public Health Dental Hygienist for the Department of Health Morrisville office; and Manor officials Krys Laychak, MSN, Director of Nursing; and Lynn Smith, Administrator, the project endeavors to provide a full service, comprehensive dental care system with regular weekly services for the residents. Dr. Arthur notes that such facilities will see more seniors who still have their teeth and says that the Manor has taken the lead in showing how to provide quality oral care to those residents.

Health Care Price Transparency

Massachusetts recently launched a new era of health care shopping. Anyone with private health insurance in the state can now go to his or her health insurer's website and find the price of everything from an office visit to an MRI to a Cesarean section. For the first time, health care prices are public. These tools are not perfect, but they are unlike anything else in the country. Patients can have a sense of how much a test or procedure will cost in advance.

For more information, please go to: <http://www.kaiserhealthnews.org/Stories/2014/October/09/Price-Tags-For-Health-Care-In-Mass>

Vermont Health Department Opens New Laboratory

The new Vermont Health Department's state-of-the-art laboratory opened this fall, taking the department from having the oldest lab in the country (built in 1952) to having the newest one in the country. It is co-located with the University of Vermont College of Medicine Colchester Research Facility at the Colchester Business and Technology Park on South Park Drive, Colchester. More than 50,000 tests are performed by lab personnel each year including analyses to detect biological, toxicological, chemical and radiological threats to the health of the population. ■



Calendar

JANUARY

13 Grand Rounds for School Nurses – “Food Fads: What’s Real and What Isn’t?” All Vermont Interactive Technologies (VIT) sites. Call AHEC: 802-656-2179.

21-25 Physician Assistant Academy of Vermont Winter Conference. Equinox Resort, Manchester, VT. Contact: (603) 643-2325

FEBRUARY

5-7 Hospital Medicine 2015*
StoweLake Conference
Center, Stowe, VT.

MARCH

18 Grand Rounds for School Nurses – “Prescription Drug Abuse – Guiding School Nurses on What to Look for – Street Drugs, YRBS.” All Vermont Interactive Technologies (VIT) sites. Call AHEC: 802-656-2179.

26 Vermont Nurse Practitioners Annual Conference. StoweLake Resort, Stowe, VT. Contact: www.vtnpa.org.

APRIL

8 Blueprint for Health*, Sheraton Hotel, Burlington, VT.

APRIL

14 Vermont AHEC 2015 Geriatrics Conference*
The Essex, Essex Junction, VT.

MAY

15 Child Psychiatry in Primary Care*, The Hampton Inn, Colchester, VT.

NOVEMBER

13 Bridging the Divide: Medical/Dental*, The Essex, Essex Junction, VT.

* For more information call: UVM College of Medicine Continuing Medical Education at (802) 656-2292, or go online to <http://cme.uvm.edu>.

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